ENDER: COMPLETE THIS SEC	CTION	COMPLETE THIS SECTION ON DELIVERY	MC-2008-01-01
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.		A Signature Agent	
		B. Received by (Printed-Name) C. Date of Deli	very () () () 3
Article Addressed to:		D. is delivery address different from item 1? Yes If YES, enter delivery address below: No	
IEFF SAGERS SOUTHWEST STONE 1421 WEST 350 NORTH HURRICANE UTAH 84737			
		3. Service Type Certified Mail Registered Return Receipt for Merchand Insured Mail C.O.D.	dise
		4. Restricted Delivery? (Extra Fee)	
Article Number (Transfer from service label)	7005 25	70 0000 4801 7000	
Form 3811, February 2004	Domestic R	eturn Receipt 102595-02-M-	1540
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UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 LETTER DATED 2/10/2009 FINDING OF FACT CONCLUSIONS ORDER FILNA! IZED ASSESSMENT , address, and ZIP+4 in this box • CESSATION ORDER #MC-2008-01-01 SOUTHWEST STONE LIMESTONE MESA/DESERT BRONZE QUARRY M0530059 PECEIVED

AMPLE SUITE 1210

FEB 18 2009

FEB